## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/531631

|  | CLAIMS AS FILED - PART I                                     |   |   |   |                                      |       | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
|--|--|---|---|---|--------------------------------------|-------|---------------------|------------------------|-------------------------------|---------------------|------------------------|
| U.S  | S. NATIONAL  | STAGE FEES                                | (Column 1)  | Ţ   | (Column 2)                           | 1     | RATE                | FEE                    |                               | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 15  | 50 LAR                                    | GE ENT. = \$ 300                     | 1     | BASIC FEE           | 150                    | OR                            | BASIC FEE           |                        |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100              |   | ther situations =<br>\$ 100 / \$ 200 | 1     | EXAM. FEE           | 100                    | l                             | EXAM. FEE           |                        |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$<br>ALL other countries<br>\$ 200 / \$ 400 | _ ABo                                     | ther situations =<br>\$ 250 / \$ 500 |       | SEARCH FEE          | 200                    | ·                             | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 10  | 0 =                                       | / 50 =                               | 1     | X \$ 125 =          |                        |                               | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 26 minus 2  | 0=.                                       | G                                    | 1     | X \$ 25 =           | 150                    | OR                            | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS   |  |   | 2 minus   | 3=.                                       |                                      | 1     | X \$ 100 =          |                        | OR                            | X \$ 200 =          |                        |
| MU   | TIPLE DEPEN  | DENT CLAIM PRI                            | ESENT   |   |                                      |       | + \$ 180 =          |                        | OR                            | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |   |   |                                      | TOTAL | 600                 | OR                     | TOTAL                         | ·                   |                        |
| Н  | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |   |   |   |                                      |       | SMALL E             | NTITY                  | OR                            | OTHER<br>SMALL E    |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT | PR  | HIGHEST<br>NUMBER<br>EVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                     |       | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | 26  | Minus **  | 26  | =                                    |       | X \$ 25 =           |                        | OR                            | X \$ 50 =           |                        |
|  | Independent  | · 2                                       | Minus ***   | 3   | =                                    |       | X \$ 100 =          |                        | OR                            | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |   |   |                                      |       | + \$ 180 =          |                        | OR                            | + \$ 360 =          |                        |
|  |  |   |   |   |                                      |       | TOTAL ADDIT.<br>FEE |                        | OR                            | TOTAL ADDIT.<br>FEE |                        |
|  |  | (Column 1)                                | (C  | olumn <sup>*</sup> 2)                     | (Column 3)                           |       |                     | 1                      |                               |                     |                        |
| 2  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | H<br>N<br>PRI   | IGHEST<br>IUMBER<br>EVIOUSLY<br>AID FOR   | PRESENT<br>EXTRA                     |       | RATE .              | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus **  |   | 8                                    |       | X \$ 25 =           |                        | OR                            | X \$ 50 =           |                        |
|  | Independent  | •   | Minus ***   | =   | E                                    |       | X \$ 100 =          |                        | OR                            | X \$ 200 =          |                        |
| •  | FIRST PRES   | ENTATION OF M                             | JLTIPLE DEPENDE   | NT CLAIM                                  |                                      |       | + \$ 180 =          |                        | OR                            | + \$ 360 =          |                        |
|  |  |   |   |   |                                      |       |                     | ·                      | OR                            | TOTAL ADDIT.<br>FEE |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |   |                                      |       |                     |                        |                               |                     |                        |